

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9753

Registrar's No. 1187

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1108 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chas. H. Dennis
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Bertha Dennis 6. (c) Age of husband or wife if alive 1st years
7. Birth date of deceased after 1st (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Saline Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Thos R Dennis
13. Birthplace Pa (City, town, or county) (State or foreign country)
14. Maiden name Clara Duncan
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas H Dennis

(b) Address 2037 Churwood St Mo

17. (a) Higgins St, Mo (b) Date thereof Jan (Month) (Day) (Year)

(c) Place: burial or cremation Highwayville Mo

18. (a) Signature of funeral director Adelader

(b) Address Highwayville Mo

19. (a) 3-10-40 (b) M. H. Cron (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1108 Jefferson (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1940 hour 6:45 minute - M.

21. I hereby certify that I attended the deceased from March 12, 1940 to March 15, 1940
that I last saw him alive on March 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation
Due to Luetic Aortitis
Due to 34

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature A. Morris Smith (M. D. or other)
Address Professional Bldg - E. C. Mo. Date signed 3-17-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.